

**U.S. Department of Education**

**Staff Report  
to the  
Senior Department Official  
on  
Recognition Compliance Issues**

<b>RECOMMENDATION PAGE</b>
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1. **Agency:** Commission on Accrediting of the Association of Theological Schools (1952/2011)

(The dates provided are the date of initial listing as a recognized agency and the date of the agency's last grant of recognition.)

2. **Action Item:** Compliance Report

3. **Current Scope of Recognition:** The accreditation and pre-accreditation ("Candidate for Accredited Membership") of theological schools and seminaries, as well as schools or programs that are parts of colleges or universities, in the United States, offering post baccalaureate degrees in professional and academic theological education, including delivery via distance education.

4. **Requested Scope of Recognition:** The accreditation of theological schools and seminaries, as well as schools or programs that are parts of colleges or universities, in the United States, offering post baccalaureate degrees in professional and academic theological education, including delivery via distance education.

5. **Date of Advisory Committee Meeting:** June, 2013

6. **Staff Recommendation:** Revise the agency's scope of recognition to remove pre-accreditation and renew the agency's recognition for a period of three years.

7. **Issues or Problems:** None.

## **EXECUTIVE SUMMARY**

### **PART I: GENERAL INFORMATION ABOUT THE AGENCY**

The Association of Theological Schools in the United States and Canada (ATS or Association) began as a conference of theological schools in 1918 and, in 1936, became an association that adopted standards for judging theological educational quality. The ATS Commission on Accrediting (Commission) had in the past conducted its accrediting activities on behalf of the ATS. However, in June 2004 a re-incorporation plan split the Association into two entities, namely the Association of Theological Schools in the United States and Canada and the Commission on Accrediting of the Association of Theological Schools. The result was a clear and distinct separation of the accrediting operation from the primary association ensuring that the accrediting body and its operation remain separate and independent from the ATS.

#### **Recognition History**

The U.S. Commissioner of Education first granted recognition to the Commission on Accrediting of the Association of Theological Schools in the United States and Canada (Commission) as a nationally recognized institutional accrediting agency in 1952.

At its June 2004 meeting, the National Advisory Committee on Institutional Quality and Integrity (NACIQI) recommended, and the Secretary concurred, that the agency be granted continued recognition for a period of five years and that its scope of recognition be expanded to include its evaluation of education delivery by distance education methodology. In June 2011 the NACIQI reviewed the agency's petition for renewal of recognition. The NACIQI and staff recommended, and the Senior Department Official concurred, that the agency's recognition be continued for 12 months, and that the agency submit a compliance report that demonstrates the agency's compliance with the issues identified in the staff report. The agency's compliance report is the subject of this review

## **PART II: SUMMARY OF FINDINGS**

### **§602.15 Administrative and fiscal responsibilities**

**The agency must have the administrative and fiscal capability to carry out its accreditation activities in light of its requested scope of recognition.**

**The agency meets this requirement if the agency demonstrates that--**

**(a) The agency has--**

**(2) Competent and knowledgeable individuals, qualified by education and experience in their own right and trained by the agency on their responsibilities, as appropriate for their roles, regarding the agency's standards, policies, and procedures, to conduct its on-site evaluations, apply or establish its policies, and make its accrediting and preaccrediting decisions, including, if applicable to the agency's scope, their responsibilities regarding distance education and correspondence education;**

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During its last review, Department staff found that the agency failed to demonstrate that it has commissioner, site team evaluator and appeal panel members that have experience in distance education and that its decision making bodies and site evaluation teams are trained in interpretation of the agency's standards and particularly the review and evaluation of distance education delivery.

In its compliance report the ATS provided documentation verifying that the agency has taken significant steps and revised its policies and training program to assure that its decision-making bodies, site evaluators and distance education experts have the appropriate education and experience to serve in those positions. The agency also provided training schedules, copies of training agendas, and training material demonstrating that its staff, decision-making bodies and site team evaluators are trained in the agency's standards, policies and procedures and distance education methodology.

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**(3) Academic and administrative personnel on its evaluation, policy, and decision-making bodies, if the agency accredits institutions;**

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During its last review, Department staff found that the agency had not demonstrated that it has both academic and administrators on its site evaluation teams assigned to review institutions nor did the agency provide any documentation verifying the make-up of its appeal panel.

In its compliance report the agency has provided documentation (Bios and/or membership rosters) demonstrating that its policy/decision-making body and

evaluation teams and appeals body include both academic personnel and administrators. The agency also has revised its policy to clearly commit the Commission to having at least one practitioner, educator/academic, and administrator on each comprehensive evaluation committee, as well as someone with distance education expertise, if needed.

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**(4) Educators and practitioners on its evaluation, policy, and decision-making bodies, if the agency accredits programs or single-purpose institutions that prepare students for a specific profession;**

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During its last review, Department staff found that the agency had not clearly demonstrated that it has both educators and practitioner representatives on its site evaluation teams assigned to review programs nor did the agency provide any documentation verifying that the make-up of its appeal panel will include both educators and practitioners. The agency also stated that on its Commission, its practitioners also filled the role of public representatives. As noted in the staff report, this practice does not comply with the intent of the criterion that public members provide a perspective that is separate from the profession.

In its compliance report the agency provided its revised policies regarding the composition of evaluation committees that requires each evaluation committee to have at least one practitioner, educator/academic, and administrator. It has also revised its policies and practice to ensure that persons nominated and elected to the Board and Appeals Panel include separate public members, practitioners, and educators/academics.

The agency provided its policies, resumes of its appeal panel members and commissioners demonstrating that it has both educators and practitioners on its site evaluation teams, appeals panel, and that its Commission contains separate practitioners, educators, and public members.

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**(6) Clear and effective controls against conflicts of interest, or the appearance of conflicts of interest, by the agency's--**

- (i) Board members;**
  - (ii) Commissioners;**
  - (iii) Evaluation team members;**
  - (iv) Consultants;**
  - (v) Administrative staff; and**
  - (vi) Other agency representatives; and**
-

During its last review, Department staff found that while the agency clearly defines its conflict of interest policies in accordance with the requirements of this section the agency failed to provide evidence of its application of its conflict-of-interest policies to document its application of effective conflict-of-interest mechanisms.

In its compliance report the agency provided documentation demonstrating its application of its clearly defined set of conflict-of-interest policies and procedures. The documentation includes signed statements from a Commission member, site evaluation team members, committee member and staff member.

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**(b) The agency maintains complete and accurate records of--**

**(1) Its last full accreditation or preaccreditation reviews of each institution or program, including on-site evaluation team reports, the institution's or program's responses to on-site reports, periodic review reports, any reports of special reviews conducted by the agency between regular reviews, and a copy of the institution's or program's most recent self-study; and**

**2) All decisions made throughout an institution's or program's affiliation with the agency regarding the accreditation and preaccreditation of any institution or program and substantive changes, including all correspondence that is significantly related to those decisions.**

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During its last review, Department staff found that the agency policy did not clearly specify the accreditation records and their disposition as required by this criterion.

In its compliance report the agency provided its revised policies and procedures addressing recordkeeping and the requirements of this section. The agency also provided a description of its annual monitoring of its records to ensure that all files are complete.

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**§602.16 Accreditation and preaccreditation standards**

**(a) The agency must demonstrate that it has standards for accreditation, and preaccreditation, if offered, that are sufficiently rigorous to ensure that the agency is a reliable authority regarding the quality of the education or training provided by the institutions or programs it accredits. The agency meets this requirement if -**

- **(1) The agency's accreditation standards effectively address the quality of the institution or program in the following areas:**

**(i) Success with respect to student achievement in relation to the institution's mission, which may include different standards for different institutions or programs, as established by the institution, including, as appropriate, consideration of course completion, State licensing examination, and job placement rates.**

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.During its last review, Department staff found that it was not clear that the agency has criteria for assessing the quality of the program planning and assessment process or for determining that the level of student achievement is of acceptable quality, and that it needed to demonstrate that it has and effectively applies criteria for assessing the quality of the program planning and assessment process and for determining that the level of student achievement is of acceptable quality in its institutions.

In its compliance report the agency provided its revised policies and procedures reflecting a detailed process for the collection and evaluation of student achievement data. The process includes the use of a Quality of Educational Effectiveness Rubric, which makes clear the agency's criteria and helps to ensure consistency of the reviews. The agency has documented its effective application of its student achievement standards.

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**(a)(2) The agency's preaccreditation standards, if offered, are appropriately related to the agency's accreditation standards and do not permit the institution or program to hold preaccreditation status for more than five years.**

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.During its last review Department staff found that the agency did not meet the requirements of this section, because it had not demonstrated an effective mechanism for evaluating compliance with its standards before reaching a decision to preaccredit, which requires the development and review of a self-study and conduct of an onsite evaluation by peers. The agency also needed to demonstrate that its preaccreditation process includes an in-depth self study that includes an assessment of educational quality and continuing efforts to improve educational quality and an on-site review by a team of peers prior to the Commission making a decision to preaccredit an institution. Alternatively, the agency could notify the Department of its decision to not seek recognition for its preaccreditation activities.

In its compliance report the agency affirmed that in June 2012 it changed Commission Procedures so that the agency no longer identifies candidacy of accredited status as an "official" preaccredited status. The agency also provided a copy of a letter to the U.S. Department of Education dated August 2012, notifying that Department that the agency does not any longer seek recognition

for its preaccreditation activities.

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**§602.17 Application of standards in reaching an accrediting decision.**

**The agency must have effective mechanisms for evaluating an institution's or program's compliance with the agency's standards before reaching a decision to accredit or preaccredit the institution or program. The agency meets this requirement if the agency demonstrates that it--**

**(d) Allows the institution or program the opportunity to respond in writing to the report of the on-site review;**

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During its last review the Department found that the agency needed to demonstrate that it has policies establishing clear and definitive timeframes that provide institutions adequate time to respond to the site team report, and that the agency needed to provide documentation demonstrating the application of this requirement

In its compliance report the agency provided its revised policies identifying clear and definitive timeframes during which an institution can respond to the team report. The agency also provided a Comprehensive Visit Checklist that documents and ensures that the timeline are adhered to, demonstrating its application of this requirement.

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**(e) Conducts its own analysis of the self-study and supporting documentation furnished by the institution or program, the report of the on-site review, the institution's or program's response to the report, and any other appropriate information from other sources to determine whether the institution or program complies with the agency's standards; and**

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During its last review, Department staff found that the agency did not provide sufficient information of its process for ensuring all Commission members have access to information needed to make an accreditation decision. The agency was asked to provide additional information such as a description of the mechanism, procedural instructions for accessing the documents, or timelines for making the information available to the Commissioners etc, to demonstrate the effectiveness of the process or that it ensures that all the Commissioners have access to all of the files required under this criterion prior to the decision meeting.

In its compliance report the agency provided its policies and documentation demonstrating that it provides all the Commissioners with access to all of the information required under this criterion prior to the decision meeting.

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**(f) Provides the institution or program with a detailed written report that assesses--**

- (1) The institution's or program's compliance with the agency's standards, including areas needing improvement; and**
- (2) The institution's or program's performance with respect to student achievement;**

**and**

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During its last review, Department staff found that the agency needed to demonstrate that it provides an institution with a detailed written report of its performance that addresses the extent to which the degree program is meeting the needs of students including measures such as the percentage of students who complete the program and the percentage of graduates who find placement appropriate to their vocational intentions.

In its compliance report the agency provided its revised policies and procedures requiring the documentation of a detailed assessment and reporting of an institution's compliance with its standards including the institution's success with respect to student achievement. The agency uses the visiting committee report to communicate the extent to which an institution meets the agency's standards. Excerpts from several committee reports were provided demonstrating the application of this requirement.

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**(g) Requires institutions that offer distance education or correspondence education to have processes in place through which the institution establishes that the student who registers in a distance education or correspondence education course or program is the same student who participates in and completes the course or program and receives the academic credit. The agency meets this requirement if it--**

**(1) Requires institutions to verify the identity of a student who participates in class or coursework by using, at the option of the institution, methods such as--**

**(i) A secure login and pass code;**

**(ii) Proctored examinations; and**

**(iii) New or other technologies and practices that are effective in verifying student identity; and**

**(2) Makes clear in writing that institutions must use processes that protect student privacy and notify students of any projected additional student charges associated with the verification of student identity at the time of registration or**



## **enrollment.**

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During its last review, Department staff found that the agency needed to demonstrate that it requires and assesses (during accreditation reviews) that institutions have processes in place to verify the identity of students enrolled in distance education and that the student is the same person who takes and completes the course or program; that the processes used by the institutions are effective in verifying student identity while at the same time protecting student privacy. The agency also needed to demonstrate that it makes clear in writing to institutions the requirement that processes must protect student privacy and notify students at their enrollment of any increase in student charges.

In its compliance report the agency provided its policies adopted in June 2012 to enhance compliance with this criterion by giving written notice and guidance to member schools regarding this criterion. The agency also provided a site visit target issue checklist demonstrating that it evaluates whether its institutions that offer distance education have processes in place to verify student identity, that they processes protect student privacy, and that the institution notifies students at the time of enrollment of any increase in student charges .

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### **§602.18 Ensuring consistency in decision-making**

**The agency must consistently apply and enforce standards that respect the stated mission of the institution, including religious mission, and that ensure that the education or training offered by an institution or program, including any offered through distance education or correspondence education, is of sufficient quality to achieve its stated objective for the duration of any accreditation or preaccreditation period granted by the agency. The agency meets this requirement if the agency--**

- (b) Has effective controls against the inconsistent application of the agency's standards;**
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During its last review, Department staff found that the agency needed to demonstrate its application of its enhanced training for visitors, Commissioners, and appeals panel members to control against inconsistent application of Commission standards.

In its compliance report the agency provided its revised policies requiring training in the standards and procedures related to distance education for evaluators, Commissioners, and Appeals Panel members. The agency also provided training outlines and material along with its 2012 and 2013 training schedules demonstrating the application of this requirement.

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**§602.19 Monitoring and reevaluation of accredited institutions and programs.**

**(a) The agency must reevaluate, at regularly established intervals, the institutions or programs it has accredited or preaccredited.**

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During its last review, Department staff found that it was not clear that the agency always requires an in-depth self study that is comprehensive to all of the agency's standards during a reevaluation review. The agency also needed to provide additional explanation of this policy and its application of it.

In its compliance report the agency provided its revised reevaluation requirements which now require self-study reviews that address all the agency's standards of accreditation. The agency affirms that it has no evaluations underway that do not require a full self-study.

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**(b) The agency must demonstrate it has, and effectively applies, a set of monitoring and evaluation approaches that enables the agency to identify problems with an institution's or program's continued compliance with agency standards and that takes into account institutional or program strengths and stability. These approaches must include periodic reports, and collection and analysis of key data and indicators, identified by the agency, including, but not limited to, fiscal information and measures of student achievement, consistent with the provisions of §602.16(f). This provision does not require institutions or programs to provide annual reports on each specific accreditation criterion.**

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During its last review, Department staff found that it was not evident that the agency had protocols and mechanisms in place to assess the data it collects and make meaningful determinations of continued compliance/noncompliance with agency standards. Also, the agency did not demonstrate how its data collection activity is part of a mechanism to (proactively) identify problems with an institution's continuing compliance with agency standards. The Department expects that an agency's mechanisms will include the use of triggers or flags that alert the agency to compliance issues.

In its compliance report the agency provided and described its newly adopted revised administrative policy and related requirements in the Standards of Accreditation. This has put in place a mechanism to identify problems with an institution's continuing compliance with agency standards. The agency has identified specific triggers for enrollment, finances, retention/graduation and placement data to alert it to possible problems with an institution's/program's continued compliance with its standards. The agency provided sample periodic reports and evidence of the agency's collection and analysis of key data and indicators that also include measures of student achievement and fiscal

information. The agency also provided evidence of its follow up actions based on the information gleaned from its annual reports.

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**(c) Each agency must monitor overall growth of the institutions or programs it accredits and, at least annually, collect headcount enrollment data from those institutions or programs.**

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During its last review, Department staff found that the it was not sufficient to confirm that the agency has an effective mechanism for monitoring overall growth, and that it needed to demonstrate that it has written requirements and applies effective mechanisms to monitor the overall growth of its accredited institutions.

In its compliance report the agency provided its List of Approved Administrative Practices which indicates that any change in enrollment of  $\pm 25$  percent on a year to year basis precipitates a monitoring report from the school, and the process used by the agency to monitor overall growth. It has also provided a Monitoring Inquiry which is an accrediting staff inquiry to a school regarding significant enrollment changes between fall 2010 and fall 2011 demonstrating application of this requirement.

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**(d) Institutional accrediting agencies must monitor the growth of programs at institutions experiencing significant enrollment growth, as reasonably defined by the agency.**

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During its last review, Department staff found that the agency failed to demonstrate that it had written requirements and applies effective mechanisms to monitor the growth of programs at its accredited institutions that exceed its definition of significant enrollment growth. The agency defines significant growth as at least a 25% increase in enrollment and/or distance education.

The policies and procedures discussed by the agency in Sections 602.19(c) and 602.19(e) also addresses the requirement of this criterion. The agency's policy and procedures require institutions to submit an annual report with enrollment and retention data and to respond to a Monitoring Inquiry when an increase in enrollment and/or distance education is indicated. The enrollment data is reported at the program level, which provides the agency with the mechanism to monitor enrollment in accordance with this criterion. The agency provided Monitoring inquiries to demonstrate the application of this requirement.

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## **§602.20 Enforcement of standards**

**(b) If the institution or program does not bring itself into compliance within the specified period, the agency must take immediate adverse action unless the agency, for good cause, extends the period for achieving compliance.**

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During its last review, Department staff found that the agency needed to make revisions and clarifications in its good cause policies describing the agency's definition of, and what would constitute good cause, including the time limits it would allow the institution to come into compliance.

In its compliance report the agency provided its revised policies and Commission procedures which defines extensions for good cause. The policy also establishes the length of time for a good cause extension. The good cause extension is used by the agency when the institution is placed on Probation ( the circumstance in which an institution does not meet one or more of the General Institutional or Degree Program Standards), or a Published Notation (when the agency determines that an institution insufficiently meets one or more sections of an accrediting standard) which would be similar to a partial compliance circumstance.

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#### **§602.21 Review of standards.**

**(a) The agency must maintain a systematic program of review that demonstrates that its standards are adequate to evaluate the quality of the education or training provided by the institutions and programs it accredits and relevant to the educational or training needs of students.**

**(b) The agency determines the specific procedures it follows in evaluating its standards, but the agency must ensure that its program of review--**

- (1) Is comprehensive;**
  - (2) Occurs at regular, yet reasonable, intervals or on an ongoing basis;**
  - (3) Examines each of the agency's standards and the standards as a whole; and**
  - (4) Involves all of the agency's relevant constituencies in the review and affords them a meaningful opportunity to provide input into the review.**
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During its last review, Department staff found that the agency needed to demonstrate that it has a written plan for the systematic review of its standards that directs its systematic review and assessment of individual standards continuously and as a whole, or provide a copy of a completed systematic review of standards. The agency also needed to demonstrate that it has conducted

systematic reviews of its standards that comply with the requirements of this section of the criteria.

In its compliance report, the agency has provided its written policy that directs its systematic review and assessment of individual standards continuously and as a whole every five years via its Clarity and Integrity of the Redeveloped Standards, and Survey of "Effectiveness of General Institutional Standards". The survey conducted by the Commission included input and comment from the agency's internal and external constituents as reflected in the survey results. The agency's Standards Revision Plan and portions of the study were provided as evidence of its compliance with this requirement.

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**§602.22 Substantive change.**

**(2) The agency's definition of substantive change includes at least the following types of change:**

**(i) Any change in the established mission or objectives of the institution.**

**(ii) Any change in the legal status, form of control, or ownership of the institution.**

**(iii) The addition of courses or programs that represent a significant departure from the existing offerings of educational programs, or method of delivery, from those that were offered when the agency last evaluated the institution.**

**(iv) The addition of programs of study at a degree or credential level different from that which is included in the institution's current accreditation or preaccreditation.**

**(v) A change from clock hours to credit hours.**

**(vi) A substantial increase in the number of clock or credit hours awarded for successful completion of a program.**

**(vii) If the agency's accreditation of an institution enables the institution to seek eligibility to participate in title IV, HEA programs, the entering into a contract under which an institution or organization not certified to participate in the title IV, HEA programs offers more than 25 percent of one or more of the accredited institution's educational programs.**

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During its last review, Department staff found that the agency did not have a procedure, nor the board have a policy addressing the specific requirement of 602.22(a)(2)(vii), neither had the agency addressed the Department's concern that the agency does not have substantive change policies and procedures for the review and approval of proposed changes of mission or objective, or changes in legal status. The agency also needed to demonstrate that it has and applies policy and procedural guidance for the review and approval of proposed changes of mission or objective, changes in legal status, and for entering into contracts.

In its compliance report, the agency provided its revised policies addressing the types of and definitions of substantive changes that require prior commission approval. Included among the list of changes is "a new contract or major changes in existing contracts for educational or administrative services that would affect the school's conformity to the accreditation standards." The regulations require that an agency review contracts with an entity that is not eligible to participate in the Title IV programs for the provision of 25% or more of an educational program. While the agency's policy is not specific with regard to some aspects of the regulation, it is apparent it would cover the circumstances described in the regulation.

The agency's procedures for reviewing various types of substantive changes are specific to the type of change being proposed. Its process includes the review of a written request and commission approval of all the types of changes outlined and required by this section. The agency noted in its narrative that it has never had an institution undergo a change in legal status and that changes in mission and objectives are extremely rare. The agency provided a substantive change action demonstrating its review/approval of a program change involving a contractual relationship required by this section to demonstrate its application of this requirement.

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**(ix) The acquisition of any other institution or any program or location of another institution.**

**(x) The addition of a permanent location at a site at which the institution is conducting a teach-out for students of another institution that has ceased operating before all students have completed their program of study.**

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During its last review, Department staff found that the agency did not have policy and procedures for the request, review, and approval of substantive changes specific to these situations, and that it needed to demonstrate its adoption and the application, as applicable, of substantive change requests involving the acquisition of other institutions, programs, or locations of another institution or the addition of a permanent site for purposes of a teach-out."

In its compliance report the agency provided it revised policies to addresses the requirements of this section. However, the agency affirms that it has not had the opportunity to apply the requirements of this section.

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**(3) The agency's substantive change policy must define when the changes made or proposed by an institution are or would be sufficiently extensive to require the agency to conduct a new comprehensive evaluation of that institution.**

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During its last review, Department staff found that the agency had not identified what circumstances of substantive change would require a new evaluation nor did the agency have policies and procedures in place addressing the requirements of this section. The agency needed to define in its procedures when changes made or proposed by an institution are or would be sufficiently extensive to require the agency to conduct a comprehensive total re-evaluation of that institution.

In its compliance report the agency provided its revised adopted policies and procedures that identify the circumstance and types of substantive changes requiring a new evaluation, e.g., at any time when regular monitoring activities indicate significant problems at multiple levels of a school or an institution initiates multiple substantive changes. The policy includes a statement that the preparation of a self-study is not required when the Board of Commissioners authorizes such a special comprehensive evaluation visit. Given this limitation, it is not clear what would constitute the comprehensive evaluation visit. Because of this lack of clarity, and the fact that the agency has not had the opportunity to apply this requirement, Department staff requests more information about the agency's procedures for conducting a review under these circumstances to assess the comprehensiveness of any such review.

#### **Analyst Remarks to Response:**

In response to the staff's draft analysis the agency provided a detailed description and supporting documentation about its procedures for conducting a special comprehensive review without requiring a self-study. The agency's information also included what would constitute a special comprehensive evaluation visit. The agency explains that a self-study is not always required in conjunction with a special comprehensive review since the time the self-study process begins and ends is nearly two years. The Commission elected not to require a standard self-study for special comprehensive evaluation visits so to enable the evaluation visit to occur within a shorter time frame. The agency provided its revised polices and its Evaluative Guideline for Special Comprehensive Evaluations. The agency also reports that it has not yet had the opportunity to apply this requirement.

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**(b) The agency may determine the procedures it uses to grant prior approval of the substantive change. However, these procedures must specify an effective date, which is not retroactive, on which the change is included in the program's or institution's accreditation. An agency may designate the date of a change in ownership as the effective date of its approval of that substantive change if the accreditation decision is made within 30 days of the change in ownership. Except as provided in paragraph (c) of this section, these procedures may, but need not, require a visit by the agency.**

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During its last review, Department staff found that the agency did not have clear policies that prohibit it from making retroactive approvals of substantive changes. The agency's documentation (letters to institutions approving substantive changes) that it provided did not make clear to the recipient or others that the effective date of the approval and inclusion in the grant of accreditation is the date of the letter. The agency needed to demonstrate that the effective date of substantive change approvals is clearly stated in the approval letter.

In its compliance report, the agency provided it revised policies that ensure that the agency reviews its actions at each meeting to ensure that substantive change actions were not taken retroactively and that the effective date of a substantive change approval is clearly stated in the letter to the institution. The agency provided documentation demonstrating its compliance with this requirement.

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**(c)(1) A visit, within six months, to each additional location the institution establishes, if the institution--**

- (i) Has a total of three or fewer additional locations;**
  - (ii) Has not demonstrated, to the agency's satisfaction, that it has a proven record of effective educational oversight of additional locations; or**
  - (iii) Has been placed on warning, probation, or show cause by the agency or is subject to some limitation by the agency on its accreditation or preaccreditation status;**
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During its last review, Department staff found that the agency's policies were not clear in establishing that all additional locations where 50% or more of any program (not limited to degree programs) is offered must undergo a site visit within six months of establishment of the location

In its compliance report the agency provided its revised policy. While the policy does not remove the limitation regarding degree programs, staff notes that the agency's scope of recognition is for post-baccalaureate degree programs, and that it does not accredit non-degree programs. Therefore, staff conclude that the



policy and procedures addressing the requirements of this section to conduct an evaluation visit within six months to an extension site where 50 percent or more of a degree may be earned are in compliance with this criterion.

The agency also provided an Extension Site Evaluation Report demonstrating that it conducted an evaluation visit to three additional locations of an institution it accredits and reviewed the personnel, facilities and resources at those locations. However, the documentation does not clearly demonstrate that the visits took place within six months of the establishment of the additional locations. The visits to three locations took place on January 26, January 27, and February 17, 2012 and the Commission authorized the visits in June 2011. It is not clear from the documentation when the additional locations were established.

#### **Analyst Remarks to Response:**

In response to the staff's draft analysis the agency provided clarification and supporting documentation (Extension Site Worksheet) which is part of the (Exhibit 36, Extension Site Evaluation Report) that demonstrate that the visits took place within six months of the establishment of the additional locations.

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#### **§602.23 Operating procedures all agencies must have.**

**(b) In providing public notice that an institution or program subject to its jurisdiction is being considered for accreditation or preaccreditation, the agency must provide an opportunity for third-party comment concerning the institution's or program's qualifications for accreditation or preaccreditation. At the agency's discretion, third-party comment may be received either in writing or at a public hearing, or both.**

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During its last review, Department staff found that the agency did not have adequate policies and guidelines for its institutions on its expectations for providing an opportunity for the general public to provide third-party comments. The agency also needed to demonstrate that ATS has adequate policies and guidelines for providing an opportunity for the general public to provide third-party comments.

In its compliance report the agency provided revised policies addressing the requirements for its institutions and for the agency itself to provide the opportunity for 3rd party comments. The agency's policies include the application of web-based notification of pending accreditation reviews and means for submitting third party comments. The agency also provided a Target Issues Checklist as evidence of the review of its institutions' compliance with the agency's policy regarding the opportunity to make third-party comments.

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**(c) The accrediting agency must--**

**(1) Review in a timely, fair, and equitable manner any complaint it receives against an accredited institution or program that is related to the agency's standards or procedures. The agency may not complete its review and make a decision regarding a complaint unless, in accordance with published procedures, it ensures that the institution or program has sufficient opportunity to provide a response to the complaint;**

**(2) Take follow-up action, as necessary, including enforcement action, if necessary, based on the results of its review; and**

**(3) Review in a timely, fair, and equitable manner, and apply unbiased judgment to, any complaints against itself and take follow-up action, as appropriate, based on the results of its review.**

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During its last review, Department staff found that the agency needed to provide documentation of its effective application of its complaint policy demonstrating that it reviews complaints in a timely and equitable manner and takes follow-up action as necessary, based on the results of its review.

In its compliance report the agency provided a documented completed complaint demonstrating the application of this requirement.

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**(d) If an institution or program elects to make a public disclosure of its accreditation or preaccreditation status, the agency must ensure that the institution or program discloses that status accurately, including the specific academic or instructional programs covered by that status and the name, address, and telephone number of the agency.**

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During its last review, Department staff found that the agency needed to demonstrate that it reviews the public disclosures of accreditation status made by its accredited institutions and programs for accuracy to include the name, address, and telephone number of the agency.

In its compliance report the agency provided its revised policies addressing the Department's requirements for the public disclosure of an institution's accreditation status. The agency provided documentation demonstrating its monitoring and review of its institutions' public disclosure of its accreditation status and compliance with this section of the criteria.

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**(e) The accrediting agency must provide for the public correction of incorrect or misleading information an accredited or preaccredited institution or program releases about—**

**(1) The accreditation or preaccreditation status of the institution or program;**

**(2) The contents of reports of on-site reviews; and**

**(3) The agency's accrediting or preaccrediting actions with respect to the institution or program.**

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During its last review, Department staff found that the agency needed to amend its policies to make it clear that it will take action to correct false or misleading information provided by its institutions/programs and provide documentation of its effective correction of false or misleading information.

In its compliance report the agency provided it revised policies and procedures to more clearly address the requirements of this section. The agency also affirms that it has not had the opportunity to apply this requirement.

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**§602.24 Additional procedures certain institutional accreditors must have.**

**If the agency is an institutional accrediting agency and its accreditation or preaccreditation enables those institutions to obtain eligibility to participate in Title IV, HEA programs, the agency must demonstrate that it has established and uses all of the following procedures:**

**(2) The agency must evaluate the teach-out plan to ensure it provides for the equitable treatment of students under criteria established by the agency, specifies additional charges, if any, and provides for notification to the students of any additional charges.**

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During its last review, Department staff found that the agency needed submit evidence of its review and action (effective application) of its teach-out plan review and approval process.

In its compliance report the agency provided its revised polices that increases the criteria by which teach-out plans are reviewed. The agency policies address the requirements of this section. The agency documentation (Teach- out Cumulative Record) is insufficient to determine what procedures are used in the assessment and decision process. The agency needs to provide evidence of its review of a teach-out plan, or indicate it has not had the opportunity to conduct such a review under its revised procedures.

### **Analyst Remarks to Response:**

In response to the staff's draft analysis the agency provided its revised policies addressing the documentation of its comprehensive review of teach-out agreements in order to demonstrate the procedures used in the assessment and decision process. The agency also reports that it has not had the opportunity to apply this requirement under its revised procedures.

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**(3) If the agency approves a teach-out plan that includes a program that is accredited by another recognized accrediting agency, it must notify that accrediting agency of its approval.**

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During its last review, Department staff found that the agency needed to provide documentation of its notification to another accrediting agency that it has approved a teach-out plan, as noted in the agency's narrative.

In its compliance report the agency reports that it has not had the opportunity recently to apply this requirement regarding the approval of a teach-out plan. However, the agency did provide a letter to a member school approving a teach-out plan and agreement that involves an institution accredited by a regional accrediting agency. The letter also notifies via cc the appropriate accreditor.

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**(5) The agency must require an institution it accredits or preaccredits that enters into a teach-out agreement, either on its own or at the request of the agency, with another institution to submit that teach-out agreement to the agency for approval. The agency may approve the teach-out agreement only if the agreement is between institutions that are accredited or preaccredited by a nationally recognized accrediting agency, is consistent with applicable standards and regulations, and provides for the equitable treatment of students by ensuring that--**

**(i) The teach-out institution has the necessary experience, resources, and support services to--**

**(A) Provide an educational program that is of acceptable quality and reasonably similar in content, structure, and scheduling to that provided by the institution that is ceasing operations either entirely or at one of its locations; and**

**(B) Remain stable, carry out its mission, and meet all obligations to existing students; and**

**(ii) The teach-out institution demonstrates that it can provide students access to the program and services without requiring them to move or travel substantial**

**distances and that it will provide students with information about additional charges, if any.**

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During its last review, Department staff found that the agency need to demonstrate that its policies require that a teach-out agreement is between institutions that are accredited by nationally recognized accreditors and are consistent with applicable standards and regulation. It also needed to submit evidence of its review and action (effective application) of a teach-out agreement.

In its compliance report, the agency provided its revised policies addressing the requirements of this section. However, the agency's policy uses the term "appropriately recognized" accrediting agency, rather than specifying that the agency must be nationally recognized (recognized by the Secretary). Because this statement is ambiguous, and could allow for approval of a teach-out agreement with an agency recognized by, for example, CHEA, but not by the Secretary, the agency needs to revise its policy. The agency also provided its guidance of the teach-out plan process and a teach-out petition demonstrating the application of this requirement.

#### **Analyst Remarks to Response:**

In response to the staff's draft analysis the agency provided its revised policies addressing the Department's concerns regarding teach-out agreements with other than nationally recognized accrediting agencies. In its revised policies the agency has added "an agency recognized by the US Secretary of Education for United States schools", and "appropriate authority for Canadian schools".

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#### **§602.25 Due process**

**(f) Provides an opportunity, upon written request of an institution or program, for the institution or program to appeal any adverse action prior to the action becoming final.**

**(1) The appeal must take place at a hearing before an appeals panel that--**

**(i) May not include current members of the agency's decision-making body that took the initial adverse action;**

**(ii) Is subject to a conflict of interest policy;**

**(iii) Does not serve only an advisory or procedural role, and has and uses the authority to make the following decisions: to affirm, amend, or reverse adverse actions of the original decision-making body; and**

**(iv) Affirms, amends, reverses, or remands the adverse action. A decision to affirm, amend, or reverse the adverse action is implemented by the**

**appeals panel or by the original decision-making body, at the agency's option. In a decision to remand the adverse action to the original decision-making body for further consideration, the appeals panel must identify specific issues that the original decision-making body must address. In a decision that is implemented by or remanded to the original decision-making body, that body must act in a manner consistent with the appeals panel's decisions or instructions.**

**(2) The agency must recognize the right of the institution or program to employ counsel to represent the institution or program during its appeal, including to make any presentation that the agency permits the institution or program to make on its own during the appeal.**

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During its last review, Department staff found that the agency needed to demonstrate that its appeal panel is properly constituted, trained, subject to its conflict of interest policies, and is carrying out its role and authority in the manner described under this section of the criteria.

In its compliance report the agency provided its revised policies which require its appeal panel to include an academic (faculty member), an administrator, a practitioner and a public member, and that each member be subject to the agency's conflict of interest policies and procedures. The agency did not address in its narrative the role and authority of the appeals panel. However, staff note that the Commission's Procedures (exhibit 20, page 14), combined with its by-laws and policies, meet all of the requirements of this criterion. The procedures allow the institution to be represented by counsel, and for the counsel to make a presentation to the panel; and they grant to the appeal panel the authority to affirm, amend, reverse or remand the adverse action. Such actions are implemented by the Commission. However, the agency did not provide evidence of its application of its appeals policies and procedures, or indicate it has not had an opportunity to apply them.

#### **Analyst Remarks to Response:**

In response to the staff's draft analysis the agency reports that it has not had the opportunity to apply this requirement under its revised appeals policies and procedures.

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#### **§602.26 Notification of accrediting decisions**

**The agency must demonstrate that it has established and follows written procedures requiring it to provide written notice of its accrediting decisions to the Secretary, the appropriate State licensing or authorizing agency, the appropriate accrediting agencies, and the public. The agency meets this requirement if the agency, following its written procedures--**

**(a) Provides written notice of the following types of decisions to the Secretary, the appropriate State licensing or authorizing agency, the appropriate accrediting agencies, and the public no later than 30 days after it makes the decision:**

**(1) A decision to award initial accreditation or preaccreditation to an institution or program.**

**(2) A decision to renew an institution's or program's accreditation or preaccreditation;**

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During its last review, Department staff found that the agency needed to provide documentation demonstrating that it has policies and/or procedures requiring that it provide public notice of positive accrediting decisions within 30 days of the decision and to demonstrate that it provides notice to the appropriate State licensing agencies, accrediting agencies and the public of its positive accrediting decisions.

In its compliance report the agency provided its revised policies and procedures for the notification of positive decisions and documentation demonstrating the notification of those entities required in this section to demonstrate its application of this requirement.

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**(b) Provides written notice of the following types of decisions to the Secretary, the appropriate State licensing or authorizing agency, and the appropriate accrediting agencies at the same time it notifies the institution or program of the decision, but no later than 30 days after it reaches the decision:**

**(1) A final decision to place an institution or program on probation or an equivalent status.**

**(2) A final decision to deny, withdraw, suspend, revoke, or terminate the accreditation or preaccreditation of an institution or program;**

**(3) A final decision to take any other adverse action, as defined by the agency, not listed in paragraph (b)(2) of this section;**

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During its last review, Department staff found that agency needed to provide documentation demonstrating the application of the requirement to notify all of the entities listed in the criterion (the Secretary, appropriate State licensing agencies, accrediting agencies) of the negative accreditation decisions defined in this requirement within the appropriate time frame.

In its compliance report the agency provided its revised policies addressing notification of negative decisions. The agency also provided a letter to an institution that cc'd the accrediting agency but did not provide evidence that it

notifies the remaining entities required by this section.

**Analyst Remarks to Response:**

In response to the staff's draft analysis, the agency provided documentation demonstrating that it had notified the US Secretary and the appropriate State agencies of negative accrediting decisions as required by this section.

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**§602.28 Regard for decisions of States and other accrediting agencies.**

**(d) If the agency learns that an institution it accredits or preaccredits, or an institution that offers a program it accredits or preaccredits, is the subject of an adverse action by another recognized accrediting agency or has been placed on probation or an equivalent status by another recognized agency, the agency must promptly review its accreditation or preaccreditation of the institution or program to determine if it should also take adverse action or place the institution or program on probation or show cause.**

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During its last review, Department staff found that the agency had no policies to include a mechanism to promptly review its accreditation of an institution that is the subject of adverse action, or placed on probation or equivalent status, by another recognized accreditor. The agency needed to demonstrate that it has a policy and an effective mechanism in place to review its accredited entity in those situations where the program or the institution that houses the accredited program is also the subject of an adverse action.

In its compliance report, the agency provided its revised policies addressing requirements to initiate review of an institution that is subject to an adverse action by another agency. The agency also provided a description of an example of this kind of situation and a letter demonstrating its application of this requirement.

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**(e) The agency must, upon request, share with other appropriate recognized accrediting agencies and recognized State approval agencies information about the accreditation or preaccreditation status of an institution or program and any adverse actions it has taken against an accredited or preaccredited institution or program.**

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During its last review, Department staff found that the agency needed to provide its policies that require it to share information regarding the accreditation status and information regarding the adverse actions it has taken against an institution, upon the request of an accrediting agency for that information.



In its compliance report, the agency provided its policies addressing sharing information. The agency also affirms that it has not had the opportunity to apply this requirement.

### **PART III: THIRD PARTY COMMENTS**

The Department did not receive any written third-party comments regarding this agency.